



Eric Wang <EWang@afphq.org> on 10/16/2012 03:08:36 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc:

Subject: FEC Form 9

Attached, please find an FEC Form 9 from Americans for Prosperity.

Eric Wang

Americans for Prosperity
Legal Counsel

(703) 224-3190 Work
(866) 730-0150 Work
(703) 919-8840 Mobile
(703) 542-0101 Fax
EWang@afphq.org



<http://www.facebook.com/fightback>

<http://www.americansforprosperityfoundation.com>

<http://www.americansforprosperity.org>

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FEC Form 9 - 10.16.12.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Americans for Prosperity

(b) Address (number and street) ☐ check if different than previously reported

2111 Wilson Blvd. Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C30001051

3. Is This Statement

☒ New

or

☐ Amended

4. Covering Period

09 ' 20 ' 20 1 2

through

10 ' 15 ' 20 1 2

5. (a) Date of Public Distribution(s)

10 ' 15 ' 20 1 2

(b) Communication Title

"Owe It"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No

8. Custodian of Records

(a) Name

Steve Corder

(b) Address (number and street)

2111 Wilson Blvd. Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

(e) Occupation

Americans for Prosperity

CFD

9. Total Donations This Statement

, , 0.00

10. Total Disbursements/Obligations This Statement

, 378,725.11

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Tracy A. Henke

SIGNATURE

Tracy A. Henke

DATE

10.16.12

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

2111 Wilson Blvd. Suite 350		
City	State	Zip
Arlington	Virginia <input checked="" type="checkbox"/>	22201
(d) Name of Employer or Principal Place of Business		(e) Occupation
Americans for Prosperity		CFO

9. Total Donations This Statement	0.00
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10. Total Disbursements/Obligations This Statement	378725.11
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11. List of Person(s) Sharing/Exercising Control Add Another Person
(use the Add Another Person button to add as many people as necessary)

Person Record #1. Delete Record
(a) Name *
Last Name First Name
Middle Name Prefix Suffix
(b) Address (number and street)

City State ☒ Zip
(d) Name of Employer or Principal Place of Business (e) Occupation

Delete Record

Person Record #2. Delete Record
(a) Name *
Last Name First Name
Middle Name Prefix Suffix
(b) Address (number and street)

City State ☒ Zip
(d) Name of Employer or Principal Place of Business (e) Occupation

Delete Record

Person Record #3. Delete Record
(a) Name *
Last Name First Name
Middle Name Prefix Suffix
(b) Address (number and street)

City State ☒ Zip
(d) Name of Employer or Principal Place of Business (e) Occupation

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 5

11. Person(s) Sharing/Exercising Control

A. (a) Name Tim Phillips	
(b) Address (number and street) 2111 Wilson Blvd. Suite 350	
(c) City, State and ZIP Code Arlington, VA 22201	
(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation President
B. (a) Name Tracy Henke	
(b) Address (number and street) 2111 Wilson Blvd. Suite 350	
(c) City, State and ZIP Code Arlington, VA 22201	
(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation Executive VP & COO
C. (a) Name Steve Corder	
(b) Address (number and street) 2111 Wilson Blvd. Suite 350	
(c) City, State and ZIP Code Arlington, VA 22201	
(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation Treasurer & CFO
D. (a) Name John Flynn	
(b) Address (number and street) 2111 Wilson Blvd. Suite 350	
(c) City, State and ZIP Code Arlington, VA 22201	
(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation Secretary
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 5

A. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip <hr/>	Date of Receipt M M / U D / Y Y Y Y Amount \$, .						
B. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip <hr/>	Date of Receipt M M / U D / Y Y Y Y Amount \$, .						
C. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip <hr/>	Date of Receipt M M / U D / Y Y Y Y Amount \$, .						
D. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip <hr/>	Date of Receipt M M / U D / Y Y Y Y Amount \$, .						
E. Full Name of Donor <hr/> Mailing Address of Donor <hr/> City State Zip <hr/>	Date of Receipt M M / U D / Y Y Y Y Amount \$, .						
<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"> SUBTOTAL of Donations This Page (optional) ▶ </td> <td style="width: 40%; text-align: right;"> \$, . 0.00 </td> </tr> <tr> <td colspan="2"> <hr/> </td> </tr> <tr> <td> TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9) </td> <td style="text-align: right;"> \$, . 0.00 </td> </tr> </table>		SUBTOTAL of Donations This Page (optional) ▶	\$, . 0.00	<hr/>		TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	\$, . 0.00
SUBTOTAL of Donations This Page (optional) ▶	\$, . 0.00						
<hr/>							
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)	\$, . 0.00						

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 4 OF 5

A. Full Name (Last, First, Middle Initial) of Payee <u>Target Enterprises, LLC</u>				Date of Disbursement or Obligation M M ' D D ' Y Y Y Y 1 0 ' 1 2 ' 2 0 1 2	
Mailing Address of Payee <u>15260 Ventura Blvd. Suite 1240</u>				Amount , 5,990.00	
City <u>Sherman Oaks</u>		State <u>CA</u>		Zip Code <u>91403</u>	
Name of Employer _____				Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of radio ad script ("Owe It") to be read by stations</u>					
Name of Federal Candidate <u>Barack Obama</u>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
B. Full Name (Last, First, Middle Initial) of Payee <u>Target Enterprises, LLC</u>				Date of Disbursement or Obligation M M ' D D ' Y Y Y Y 1 0 ' 1 6 ' 2 0 1 2	
Mailing Address of Payee <u>15260 Ventura Blvd. Suite 1240</u>				Amount , 3,500.00	
City <u>Sherman Oaks</u>		State <u>CA</u>		Zip Code <u>91403</u>	
Name of Employer _____				Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Production of radio ad ("Owe It") (recorded version)</u>					
Name of Federal Candidate <u>Barack Obama</u>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Name of Federal Candidate _____		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
SUBTOTAL of Disbursements/Obligations This Page (optional)				, 9,490.00	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				,	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 5 OF 5

A. Full Name (Last, First, Middle Initial) of Payee <u>Target Enterprises, LLC</u>				Date of Disbursement or Obligation M M ' D D ' Y Y Y Y 0 9 ' 2 0 ' 2 0 1 2	
Mailing Address of Payee <u>15260 Ventura Blvd. Suite 1240</u>				Amount , 3 6 9 , 2 3 5 . 1 1	
City <u>Sherman Oaks</u>		State <u>CA</u>		Zip Code <u>91403</u>	
Name of Employer		Occupation		Communication Date M M ' D D ' Y Y Y Y 1 0 ' 1 5 ' 2 0 1 2	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of radio ad ("Owe I+") (recorded version)</u>					
Name of Federal Candidate <u>Barack Obama</u>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee				Date of Disbursement or Obligation M M ' D D ' Y Y Y Y	
Mailing Address of Payee				Amount	
City		State		Zip Code	
Name of Employer		Occupation		Communication Date M M ' D D ' Y Y Y Y	
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional)				, 3 6 9 , 2 3 5 . 1 1	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)				, 3 7 8 , 7 2 5 . 1 1	

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>10/16/2012</i>
<i>JB</i> PREPARER	<i>10/16/2012</i> DATE PREPARED

(3/2005)